

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS14 FEB 10 AM 10:31
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FRIENDS OF SHAK HILL

ADDRESS (number and street) ▼ PO BOX 486

Check if different
than previously
reported. (ACC)

CENTREVILLE

VA

20122

2. FEC IDENTIFICATION NUMBER ▼

C C00546705

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT

X

NEW
(N)

OR

AMENDED
(A)

VA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 01 / 2013

through

M M / D D / Y Y Y Y
12 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robin Hill

Signature of Treasurer Robin Hill

Date

M M / D D / Y Y Y Y
01 31 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF SHAK HILL

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 01 2013

To:

M M / D D / Y Y Y Y
12 31 2013

	COLUMN A This Period		COLUMN B Election Cycle-to-Date	
6. Net Contributions (other than loans)				
(a) Total Contributions (other than loans) (from Line 11(e))....	,	9134.84	,	27684.84
(b) Total Contribution Refunds (from Line 20(d))	,	25.00	,	25.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	,	9109.84	,	27659.84
7. Net Operating Expenditures				
(a) Total Operating Expenditures (from Line 17)	,	15399.68	,	23341.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	,	348.15	,	380.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	,	15051.53	,	22961.12
8. Cash on Hand at Close of Reporting Period (from Line 27).....	,	109538.72		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	,	0.00		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	,	105400.00		

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

FRIENDS OF SHAK HILL

Report Covering the Period: From: ^{M M / D D / Y Y Y Y}
10 01 2013

To: ^{M M / D D / Y Y Y Y}
12 31 2013

I. RECEIPTS	COLUMN A Total This Period		COLUMN B Election Cycle-to-Date	
11. CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A).....	\$	\$ 6000.00	\$	\$ 19945.00
(ii) Unitemized.....	\$	\$ 3134.84	\$	\$ 7739.84
(iii) TOTAL of contributions from individuals ▶	\$	\$ 9134.84	\$	\$ 27684.84
(b) Political Party Committees.....	\$	\$ 0.00	\$	\$ 0.00
(c) Other Political Committees (such as PACs).....	\$	\$ 0.00	\$	\$ 0.00
(d) The Candidate.....	\$	\$ 0.00	\$	\$ 0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	\$	\$ 9134.84	\$	\$ 27684.84
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....				
	\$	\$ 0.00	\$	\$ 0.00
13. LOANS:				
(a) Made or Guaranteed by the Candidate.....	\$	\$ 0.00	\$	\$ 105100.00
(b) All Other Loans.....	\$	\$ 0.00	\$	\$ 0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	\$	\$ 0.00	\$	\$ 105100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....				
	\$	\$ 348.15	\$	\$ 380.48
15. OTHER RECEIPTS (Dividends, Interest, etc.).....				
	\$	\$ 0.00	\$	\$ 0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	\$	\$ 9482.99	\$	\$ 133165.32

14020142326

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period		COLUMN B Election Cycle-to-Date	
17. OPERATING EXPENDITURES.....	,	15399.68	,	23341.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	,	0.00	,	0.00
19. LOAN REPAYMENTS:				
(a) Of Loans Made or Guaranteed by the Candidate.....	,	0.00	,	0.00
(b) Of All Other Loans	,	0.00	,	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	,	0.00	,	0.00
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees	,	25.00	,	25.00
(b) Political Party Committees.....	,	0.00	,	0.00
(c) Other Political Committees (such as PACs).....	,	0.00	,	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	,	25.00	,	25.00
21. OTHER DISBURSEMENTS	,	100.00	,	260.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	,	15524.68	,	23626.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	,	115580.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	,	9482.99
25. SUBTOTAL (add Line 23 and Line 24).....	,	125063.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	,	15524.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	,	109538.72

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

Tim Coffin

A.

Mailing Address 7511 Ferber PL

City

Springfield

State

VA

Zip Code

22151

FEC ID number of contributing
federal political committee.

C

Name of Employer

iGATE Technologies

Occupation

President

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y
11 10 2013

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Keith Evans

B.

Mailing Address 7717 Creswell Road, #21

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brammer Engineering, Inc.

Occupation

Petroleum Engineer

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
12 13 2013

Transaction ID : SA11AI.4781

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Richard Herrington

C.

Mailing Address 10487 Courtney Dr

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 23 2013

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 OF 27	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial) Michael Master		Date of Receipt M M / D D / Y Y Y Y 12 03 2013	
Mailing Address 2308 Ocean Point Dr.		Transaction ID : SA11AI.4732	
City Wilmington	State NC	Zip Code 28405	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer none	Occupation counselant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
Full Name (Last, First, Middle Initial) W. P. Mills		Date of Receipt M M / D D / Y Y Y Y 10 25 2013	
Mailing Address PO Box 52592		Transaction ID : SA11AI.4680	
City Lafayette	State LA	Zip Code 70505	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer MPW Properties	Occupation Real Estate		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
Full Name (Last, First, Middle Initial) Deborah Ring		Date of Receipt M M / D D / Y Y Y Y 11 21 2013	
Mailing Address 8205 Little River Dam Rd		Transaction ID : SA11AI.4698	
City Radford	State VA	Zip Code 24141	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer retired	Occupation nurse		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional).....		2250.00	
TOTAL This Period (last page this line number only).....			

14020142329

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) William Daniel Sullivan		Date of Receipt M M / D D / Y Y Y Y 12 04 2013	
Mailing Address 3429 North Abingdon St.		Transaction ID : SA11AI.4758	
City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period , , 500.00
FEC ID number of contributing federal political committee. C		Name of Employer None-Retired	
Occupation Retired		Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date , , 500.00		Amount of Each Receipt this Period , , 1000.00	
B. Full Name (Last, First, Middle Initial) John Tymann		Date of Receipt M M / D D / Y Y Y Y 12 16 2013	
Mailing Address 7934 Pebble Creek Cir.		Transaction ID : SA11AI.4517	
City Naples	State FL	Zip Code 34408	Amount of Each Receipt this Period , , 1000.00
FEC ID number of contributing federal political committee. C		Name of Employer None	
Occupation Retired		Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date , , 1000.00		Amount of Each Receipt this Period , , 500.00	
C. Full Name (Last, First, Middle Initial) Eugenia Zanone		Date of Receipt M M / D D / Y Y Y Y 10 11 2013	
Mailing Address 358 Albany Ave		Transaction ID : SA11AI.4679	
City Shreveport	State LA	Zip Code 71105	Amount of Each Receipt this Period , , 500.00
FEC ID number of contributing federal political committee. C		Name of Employer Laster Family Partnership	
Occupation Manager		Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date , , 500.00		Amount of Each Receipt this Period , , 2000.00	
SUBTOTAL of Receipts This Page (optional)		, , 6000.00	
TOTAL This Period (last page this line number only)		, ,	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) Robin Hill		Date of Receipt M M / D D / Y Y Y Y 11 04 2013	
Mailing Address 6501 Flowerdew Hundred Court		Transaction ID : SA14.4527	
City State Zip Code Centreville VA 20120	Amount of Each Receipt this Period \$ 348.05		
FEC ID number of contributing federal political committee. C		Reimbursement for Gas; Reimbursing for Mileage instead	
Name of Employer None	Occupation Homemaker	Election Cycle-to-Date \$ 348.05	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation	Election Cycle-to-Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City State Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation	Election Cycle-to-Date	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Receipts This Page (optional).....		\$ 348.05	
TOTAL This Period (last page this line number only).....		\$ 348.05	

14020142331

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 03 2013

Amount of Each Disbursement this Period

5735.25

Transaction ID : SB17.4571

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Website Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 03 2013

Amount of Each Disbursement this Period

1392.79

Transaction ID : SB17.4572

Full Name (Last, First, Middle Initial)

C. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 31 2013

Amount of Each Disbursement this Period

78.40

Transaction ID : SB17.4800

SUBTOTAL of Disbursements This Page (optional)

7206.44

TOTAL This Period (last page this line number only)

14020142332

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
CC Processing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 31 2013

Amount of Each Disbursement this Period

\$ 55.07

Transaction ID : SB17.4801

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 30 2013

Amount of Each Disbursement this Period

\$ 65.81

Transaction ID : SB17.4802

Full Name (Last, First, Middle Initial)

C. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
CC Processing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 30 2013

Amount of Each Disbursement this Period

\$ 53.31

Transaction ID : SB17.4803

SUBTOTAL of Disbursements This Page (optional)..... 174.19

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Date of Disbursement

M M / D D / Y Y Y Y
11 30 2013

Mailing Address 117 N Saint Asaph St

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

1526.02

Purpose of Disbursement
Website Expense

Transaction ID : SB17.4804

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Campaign Solutions

Date of Disbursement

M M / D D / Y Y Y Y
12 15 2013

Mailing Address 117 N Saint Asaph St

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

131.22

Purpose of Disbursement
Fundraising Fee

Transaction ID : SB17.4805

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Campaign Solutions

Date of Disbursement

M M / D D / Y Y Y Y
12 15 2013

Mailing Address 117 N Saint Asaph St

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

97.13

Purpose of Disbursement
CC Processing

Transaction ID : SB17.4806

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

1754.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 31 2013

Amount of Each Disbursement this Period

14.01

Transaction ID : SB17.4807

B. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
CC Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 31 2013

Amount of Each Disbursement this Period

12.09

Transaction ID : SB17.4808

c. Campaign Solutions

Mailing Address 117 N Saint Asaph St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Hosting Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 31 2013

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4809

SUBTOTAL of Disbursements This Page (optional)..... 326.10

TOTAL This Period (last page this line number only).....

14020142335

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 27

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. FIA Card Services, N.A.

Mailing Address 1100 N King St

City State Zip Code
Wilmington DE 19884

Purpose of Disbursement
CC Bill (See Below)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 16 2013

Amount of Each Disbursement this Period

2090.66

Transaction ID : SB17.4532

Category/
Type

Full Name (Last, First, Middle Initial)

B. FIA Card Services, N.A.

Mailing Address 1100 N King St

City State Zip Code
Wilmington DE 19884

Purpose of Disbursement
Credit for overpayment from prior bill

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 23 2013

Amount of Each Disbursement this Period

-500.00

Transaction ID : SB17.4532.0

[MEMO ITEM]

Category/
Type

Full Name (Last, First, Middle Initial)

c. Ken Cuccinelli for Governor, Inc.

Mailing Address 10560 Main St
Ste 218

City State Zip Code
Fairfax VA 22030

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 24 2013

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.4532.4

[MEMO ITEM]

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

2090.66

TOTAL This Period (last page this line number only)

14020142336

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Family Foundation

Date of Disbursement

M M / D D / Y Y Y Y
10 02 2013

Mailing Address 919 E Main St
Ste 1110

City State Zip Code
Richmond VA 23219

Purpose of Disbursement
Program Ad

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

435.00

Transaction ID : SB17.4532.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. VistaPrint

Date of Disbursement

M M / D D / Y Y Y Y
10 07 2013

Mailing Address 95 Hayden Ave

City State Zip Code
Lexington MA 02421

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.4532.16

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VistaPrint

Date of Disbursement

M M / D D / Y Y Y Y
10 07 2013

Mailing Address 95 Hayden Ave

City State Zip Code
Lexington MA 02421

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

404.66

Transaction ID : SB17.4532.17

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

14020142337

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. VistaPrint

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 07 2013

Amount of Each Disbursement this Period

\$ 7.50
Transaction ID : SB17.4532.18

[MEMO ITEM]

B. VistaPrint

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 07 2013

Amount of Each Disbursement this Period

\$ 46.62
Transaction ID : SB17.4532.19

[MEMO ITEM]

C. Council for National Policy

Mailing Address 1411 K St NW
Ste 601

City Washington State DC Zip Code 20005

Purpose of Disbursement
Reception

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 10 2013

Amount of Each Disbursement this Period

\$ 1000.00
Transaction ID : SB17.4532.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

14020142338

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. FIA Card Services, N.A.

Mailing Address 1100 N King St

City State Zip Code
Wilmington DE 19884

Purpose of Disbursement
Overpayment Credit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 15 2013

Amount of Each Disbursement this Period

\$ 6.99
Transaction ID : SB17.4532.23

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FIA Card Services, N.A.

Mailing Address 1100 N King St

City State Zip Code
Wilmington DE 19884

Purpose of Disbursement
CC Bill (See Below)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 16 2013

Amount of Each Disbursement this Period

\$ 3496.33
Transaction ID : SB17.4540

Full Name (Last, First, Middle Initial)

C. FIA Card Services, N.A.

Mailing Address 1100 N King St

City State Zip Code
Wilmington DE 19884

Purpose of Disbursement
Credit for Overpayment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 19 2013

Amount of Each Disbursement this Period

\$ -6.99
Transaction ID : SB17.4540.0

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... \$ 3496.33

TOTAL This Period (last page this line number only)..... \$

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Ritz Carlton

Date of Disbursement

M M / D D / Y Y Y Y
10 17 2013

Mailing Address 4445 Willard Ave
Ste 800

City State Zip Code
Chevy Chase MD 20815

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

\$ 548.29
Transaction ID : SB17.4540.1

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Pack Rat Shipping

Date of Disbursement

M M / D D / Y Y Y Y
10 18 2013

Mailing Address 3110 Magazine St

City State Zip Code
New Orleans LA 70115

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

\$ 204.05
Transaction ID : SB17.4540.2

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Ritz Carlton

Date of Disbursement

M M / D D / Y Y Y Y
10 19 2013

Mailing Address 4445 Willard Ave
Ste 800

City State Zip Code
Chevy Chase MD 20815

Purpose of Disbursement
Business Center Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

\$ 7.50
Transaction ID : SB17.4540.3

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Quality Inn

Date of Disbursement

M M / D D / Y Y Y Y
10 20 2013

Mailing Address 1 Choice Hotels Cir
Ste 400

City State Zip Code
Rockville MD 20850

Amount of Each Disbursement this Period

Purpose of Disbursement
Lodging

\$ 768.01
Transaction ID : SB17.4540.4

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Divine Mercy Care

Date of Disbursement

M M / D D / Y Y Y Y
10 22 2013

Mailing Address 11096-A Lee Hwy

City State Zip Code
Fairfax VA 22030

Amount of Each Disbursement this Period

Purpose of Disbursement
Gala Program Advertising

\$ 400.00
Transaction ID : SB17.4540.6

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Homestead

Date of Disbursement

M M / D D / Y Y Y Y
10 31 2013

Mailing Address 1766 Homestead Dr

City State Zip Code
Hot Springs VA 24445

Amount of Each Disbursement this Period

Purpose of Disbursement
Lodging; Reception

\$ 1239.08
Transaction ID : SB17.4540.8

Candidate Name

Category/
Type

[MEMO ITEM]

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Sharon Heffron

Date of Disbursement

M M / D D / Y Y Y Y
12 10 2013

Mailing Address 15423 Eagle Tavern Lane

City State Zip Code
Centreville VA 20120

Amount of Each Disbursement this Period

Purpose of Disbursement
Reimbursement (See Below)

351.49
Transaction ID : SB17.4539

Candidate Name

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

351.49

TOTAL This Period (last page this line number only).....

15399.58

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

Full Name (Last, First, Middle Initial)

A. Fairfax County Republican Committee - State Account

Date of Disbursement

M M / D D / Y Y Y Y
10 09 2013

Mailing Address 4626 Chain Bridge Rd

City State Zip Code
Fairfax VA 22030

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

100.00
Transaction ID : SB21.4531

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

100.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4638

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

SHAK HILL

☒ Primary

Mailing Address
PO BOX 486

☐ General

☐ Other (specify) ▼

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
\$ 5000.00	\$ 0.00	\$ 5000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 09 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: \$, , .

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: \$, , .

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: \$, , .

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: \$, , .

SUBTOTALS This Period This Page (optional)..... ▶ \$, , 5000.00

TOTALS This Period (last page in this line only)..... ▶ \$, , .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 27

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4102

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

SHAK HILL

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code

CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
\$ 37520.00	\$ 0.00	\$ 37520.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 09 / D 11 / Y 2013 M M / D D / Y 12/31/2014

0.00

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: \$, , .

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: \$, , .

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: \$, , .

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding: \$, , .

SUBTOTALS This Period This Page (optional)..... ▶ \$, , 37520.00

TOTALS This Period (last page in this line only) ▶ \$, , .

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4103

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

SHAK HILL

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
\$ 22915.00	\$ 0.00	\$ 22915.00

TERMS

Date Incurred
M⁰⁹ / D¹⁸ / Y²⁰¹³

Date Due
M¹² / D³¹ / Y²⁰¹⁴

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ \$ 22915.00

TOTALS This Period (last page in this line only)..... ▶ \$

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4104

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

SHAK HILL

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22530.00	0.00	22530.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 24 / 2013	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 22530.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 27

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF SHAK HILL

Transaction ID : SC/10.4105

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

SHAK HILL

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address
PO BOX 486

City State ZIP Code
CENTREVILLE VA 20122

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
\$ 17135.00	\$ 0.00	\$ 17135.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 30 / Y 2013	M M / D D / Y 12/31/14	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: \$, , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: \$, , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: \$, , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: \$, , .

SUBTOTALS This Period This Page (optional)..... ▶ \$, , 17135.00

TOTALS This Period (last page in this line only)..... ▶ \$, , 105100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 27

FOR LINE NUMBER:
(check only one)

☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robin Hill

Nature of Debt (Purpose):

Reimbursement for Gas (Will Reimburse for
Mileage Instead)

Mailing Address 6501 Flowerdew Hundred Court

City State

Zip Code

Centreville

VA

20120

Outstanding Balance Beginning This Period

348.05

Transaction ID : SD9.4469

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

348.05

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

0.00

2) TOTALS This Period (last page this line number only)

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 27 OF 27

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FRIENDS OF SHAK HILL

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robin Hill

Nature of Debt (Purpose):

Non-Travel Advance

Mailing Address 6501 Flowerdew Hundred Court

City State

Zip Code

Centreville

VA

20120

Outstanding Balance Beginning This Period

Transaction ID : SD10.4338

300.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	▶	300.00
2) TOTALS This Period (last page this line number only)	▶	300.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	105100.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	105400.00



Friends of Shak Hill
PO Box 486
Centreville, VA 20122
Constitution First

Priority Mail

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
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Date of Receipt

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Postmark

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

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☐

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☐

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Date of Receipt

POSTMARK ILLEGIBLE ☐

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FAX _____
Date of Receipt

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PREPARER MN

DATE PREPARED 2/10/14

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